

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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7590

04/07/2004

Paul J. Maginot  
 Maginot, Moore & Bowman  
 Bank One Center/Tower  
 111 Monument Circle, Suite 3000  
 Indianapolis, IN 46204-5115

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Paul J. Maginot	(Depositor's name)
<i>Paul J. Maginot</i>	(Signature)
July 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/056,909	01/25/2002	Thomas S. Camino	1672-0099 (DEP-688)	3044

TITLE OF INVENTION: SPACER ASSEMBLY FOR USE IN SPINAL SURGERIES HAVING END CAP WHICH INCLUDES SERRATED SURFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRIDDY, MICHAEL B	3732	623-017160

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Maginot  
 2 Moore  
 3 & Beck

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DePuy AcroMed, Inc.

Raynham, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ A check in the amount of the fee(s) is enclosed.  
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*Paul J. Maginot*

July 2, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/08/2004 EAREGAY2 00000141 10056909

01 FC:1501  
 02 FC:1504

1330.00 OP  
 300.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:	)	MMB Docket No. 1672-0099
	)	
Camino et al.	)	J&J Reference: DEP 688
	)	
Serial No. 10/056,909	)	Group Art Unit: 3732
	)	
Filed: January 25, 2002	)	Examiner: Michael B. Priddy
	)	
Title: Spacer Assembly for Use in Spinal	)	
Surgeries Having End Cap Which	)	
Includes Serrated Surfaces	)	

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 2, 2004  
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Paul J. Maginot

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Paul J. Maginot

Signature of person mailing Document or Fee

July 2, 2004

Date of Signature

**LETTER**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed please find a completed Issue Fee Transmittal in connection with the above-identified patent application. Our check for \$1,630.00 is enclosed to cover the cost of the issue fee (\$1,330.00) and the publication fee (\$300.00).

Commissioner for Patents

July 2, 2004

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Please charge any fee deficiency or credit any overpayment to Deposit Account  
No. 13-0014.

Respectfully submitted,

MAGINOT, MOORE & BECK LLP

A handwritten signature in black ink, appearing to read "Paul J. Maginot", with a stylized flourish at the end.

Paul J. Maginot

Attorney for Applicants

Registration No. 34,984

July 2, 2004

Maginot, Moore & Beck LLP

Bank One Center/Tower

111 Monument Circle, Suite 3000

Indianapolis, Indiana 46204-5115

(317) 638-2922 telephone

(317) 638-2139 facsimile